

ANNUAL STATEMENT

For the Year Ending December 31, 2013

OF THE CONDITION AND AFFAIRS OF THE

TOTAL HEALTH CARE, INC.

NAIC Group Code	1238 (Current Period)	1238 (Prior Period)	NAIC Company Code	95644	Employer's ID Number	38-2018957
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[X] No[] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	07/01/1973		Commenced Business	05/01/1976		
Statutory Home Office	3011 W. GRAND BLVD. SUITE 1600 (Street and Number)		DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)			
Main Administrative Office	3011 W. GRAND BLVD. SUITE 1600 (Street and Number)		DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)			
Mail Address	3011 W. GRAND BLVD. SUITE 1600 (Street and Number or P.O. Box)		DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	DETROIT, MI, US 48202 (City or Town, State, Country and Zip Code)		(313)871-2000 (Area Code) (Telephone Number)			
Internet Website Address	THCMI.COM		(313)871-6402 (Area Code) (Telephone Number) (Extension)			
Statutory Statement Contact	NICOLE ROUSH, CFO (Name)		(313)871-4762 (Area Code) (Telephone Number) (Fax Number)			
	NROUSH@THCMI.COM (E-Mail Address)					

OFFICERS

Name	Title	#
RANDY NAROWITZ	EXECUTIVE DIRECTOR	
JEANETTE ABBOTT	TREASURER	
ROBYN JAMES ARRINGTON JR.,M.D.	MEDICAL DIRECTOR	
DOUGLAS PAUL BAKER	CHAIRPERSON	
RUBY OCTAVIA COLE	V-CHAIRPERSON/SECRETARY	

OTHERS

DIRECTORS OR TRUSTEES

JEANETTE ABBOTT
RUBY OCTAVIA COLE
ELIZABETH PRATCHER

DOUGLAS PAUL BAKER
GERTRUDE HELEN MINKIEWICZ
LA-VENIA BROWN

State ofMichigan

County ofWAYNEss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) RANDY NAROWITZ (Printed Name) 1. EXECUTIVE DIRECTOR (Title)	(Signature) NICOLE ROUSH (Printed Name) 2. CHIEF FINANCIAL OFFICER (Title)	(Signature) DOUGLAS PAUL BAKER (Printed Name) 3. CHAIRPERSON (Title)
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Subscribed and sworn to before me this
day of, 2014

a. Is this an original filing?
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Group Subscribers:						
COMMERCIAL GROUP PREMIUMS	8,311					8,311
0299997 Subtotal - Group Subscribers:	8,311					8,311
0299999 Total group	8,311					8,311
0399999 Premiums due and unpaid from Medicare entities	72,000					72,000
0499999 Premiums due and unpaid from Medicaid entities	830,817					830,817
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	911,128					911,128

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	35,599			69,487	69,487	35,599
0199999 Subtotal - Pharmaceutical Rebate Receivables	35,599			69,487	69,487	35,599
0299998 Claim Overpayment Receivables - Not Individually Listed	90,501			406,671	406,670	90,501
0299999 Subtotal - Claim Overpayment Receivables	90,501			406,671	406,670	90,501
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
ST JOHN HEALTH SYSTEMS	1,007,646					1,007,646
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	1,007,646					1,007,646
0799999 Gross health care receivables	1,133,746			476,158	476,157	1,133,746

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
		1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable							
1.	Pharmaceutical rebate receivables	192,725	28,845		105,086	192,725	109,957
2.	Claim overpayment receivables	52,858	5,078,293	371,674	125,498	424,532	424,532
3.	Loans and advances to providers						
4.	Capitation arrangement receivables						
5.	Risk sharing receivables						
6.	Other health care receivables	901,651			1,007,646	901,651	945,096
7.	TOTALS (Lines 1 through 6)	1,147,234	5,107,138	371,674	1,238,230	1,518,908	1,479,585

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
CATAMARAN	1,043,739					1,043,739
0199999 Total - Individually Listed Claims Unpaid	1,043,739					1,043,739
0399999 Aggregate Accounts Not Individually Listed - Covered	6,576,914					6,576,914
0499999 Subtotals	7,620,653					7,620,653
0599999 Unreported claims and other claim reserves						12,012,377
0799999 Total Claims Unpaid						19,633,030
0899999 Accrued Medical Incentive Pool and Bonus Amounts						774,825

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
TOTAL HEALTH CARE USA INC	85,002					85,002	
0199999 Total - Individually listed receivables	85,002					85,002	
0399999 Total gross amounts receivable	85,002					85,002	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	<div>NONE</div>			
0399999 Total gross payables .....	..... X X X .....	.....	.....	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

		1	2	3	4	5	6
Payment Method		Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	70,267,460	34.072	48,870	84.499		70,267,460
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	70,267,460	34.072	48,870	84.499		70,267,460
Other Payments:							
5.	Fee-for-service	379,656	0.184	X X X	X X X		379,656
6.	Contractual fee payments	135,433,401	65.670	X X X	X X X		135,433,401
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments	153,141	0.074	X X X	X X X		153,141
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	135,966,198	65.928	X X X	X X X		135,966,198
13.	TOTAL (Line 4 plus Line 12)	206,233,658	100.000	X X X	X X X		206,233,658

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
		N O N E			
9999999 Totals			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 1238 NAIC Company Code 95644

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	59,566	76							59,490	
2. First Quarter	58,288	84						8	58,196	
3. Second Quarter	58,021	86						54	57,881	
4. Third Quarter	57,660	84						118	57,458	
5. Current Year	57,835	79						142	57,614	
6. Current Year Member Months	695,850	991						808	694,051	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	364,751	929							363,822	
8. Non-Physician	150,183	352							149,831	
9. TOTAL	514,934	1,281							513,653	
10. Hospital Patient Days Incurred	44,807	122						279	44,406	
11. Number of Inpatient Admissions	10,507	26						46	10,435	
12. Health Premiums Written (b)	224,701,373	450,875						1,084,612	223,165,886	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	224,701,373	450,875						1,084,612	223,165,886	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	206,233,658	582,864						759,077	204,891,717	
18. Amount Incurred for Provision of Health Care Services	207,334,518	585,317						783,981	205,965,220	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....1,084,612



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 1238 NAIC Company Code 95644

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	59,566	76							59,490	
2. First Quarter	58,288	84						8	58,196	
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13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	224,701,373	450,875						1,084,612	223,165,886	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	206,233,658	582,864						759,077	204,891,717	
18. Amount Incurred for Provision of Health Care Services	207,334,518	585,317						783,981	205,965,220	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....1,084,612

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
9999999 Total (Sum of 0799999 and 1099999)

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
60739	74-0484030 ...	11/01/2010	AMERICAN NATL INS CO	TX	132,993	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					132,993	.....
2199999 Total - Accident and Health - Non-Affiliates					132,993	.....
2299999 Total - Accident and Health					132,993	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					132,993	.....
9999999 Total (Sum of 1199999 and 2299999)					132,993	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
60739	74-0484030	11/01/2010	AMERICAN NATL INS CO	TX	SSL/L/I	669,906						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						669,906						
1099999 Total - General Account - Authorized - Non-Affiliates						669,906						
1199999 Total - General Account Authorized						669,906						
3499999 Total - General Account - Authorized, Unauthorized and Certified						669,906						
5699999 Total - Separate Accounts - Unauthorized												
6699999 Total - Separate Accounts - Certified - Non-Affiliates												
6799999 Total - Separate Accounts - Certified												
6899999 Total - Separate Accounts - Authorized, Unauthorized and Certified												
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599993, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						669,906						
9999999 Total (Sum of 3499999 and 6899999)						669,906						

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	3	2			
2. Title XVIII-Medicare	2				
3. Title XIX - Medicaid	666	243	248	166	143
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	133	15		73	88
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers			X X X	X X X	X X X
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)					
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			X X X	X X X	X X X
18. Funds deposited by and withheld from (F)			X X X	X X X	X X X
19. Letters of credit (L)			X X X	X X X	X X X
20. Trust agreements (T)			X X X	X X X	X X X
21. Other (O)			X X X	X X X	X X X

SCHEDULE S - PART 7
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	42,311,030		42,311,030
2. Accident and health premiums due and unpaid (Line 15)	839,128		839,128
3. Amounts recoverable from reinsurers (Line 16.1)	132,993		132,993
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,300,730		1,300,730
6. TOTAL Assets (Line 28)	44,583,881		44,583,881
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	19,633,030		19,633,030
8. Accrued medical incentive pool and bonus payments (Line 2)	774,825		774,825
9. Premiums received in advance (Line 8)	15,352		15,352
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	925,151		925,151
15. TOTAL Liabilities (Line 24)	21,348,358		21,348,358
16. TOTAL Capital and Surplus (Line 33)	23,235,523	X X X	23,235,523
17. TOTAL Liabilities, Capital and Surplus (Line 34)	44,583,881		44,583,881
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid			
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses			
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables			
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets			
30. TOTAL Ceded Reinsurance Payables/Offsets			
31. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
	1	2	3	4	5	6
States, Etc.	Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS						

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Comp- any Code	Federal ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	*
1238 ..	TOTAL HEALTH GROUP	95644	38-2018957 ..	.....	.....	.....	TOTAL HEALTH CARE INC	.. MI ..	.. UDP ..	.....	.....	.....	.....	.....
1238 ..	TOTAL HEALTH GROUP	95134	33-0603319 ..	.....	.....	.....	TOTAL HEALTH CHOICE INC .....	.. FL ..	... DS ..	TOTAL HEALTH CARE INC ...	Ownership, Board of Directors .....	..... 100.0	TOTAL HEALTH CARE INC	.....
1238 ..	TOTAL HEALTH GROUP	12326	38-3240485 ..	.....	.....	.....	TOTAL HEALTH CARE USA INC .....	.. MI ..	... DS ..	TOTAL HEALTH CARE INC ...	Ownership, Board of Directors .....	..... 100.0	TOTAL HEALTH CARE INC	.....

Asterisk	Explanation
0000001	.....

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 95644 ..	.. 38-2018957 ..	TOTAL HEALTH CARE INC .....	.....	.....	.....	.....	12,989,790	.....	.....	.....	12,989,790	.....
.. 95134 ..	.. 33-0603319 ..	TOTAL HEALTH CHOICE INC .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
.. 12326 ..	.. 38-3240485 ..	TOTAL HEALTH CARE USA INC .....	.....	.....	.....	.....	(12,989,790)	.....	.....	.....	(12,989,790)	.....
9999999 Control Totals .....			.....	.....	.....	.....	.....	.....	X X X	.....	.....	.....

Schedule Y Part 2 Explanation: Please refer to Footnote 10 regarding an explanation of the amounts noted in columns 8

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
AUGUST FILING
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be file electronically with the NAIC by March 1? No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
APRIL FILING
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

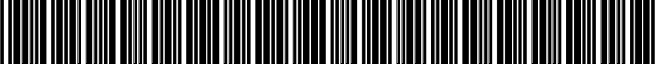
Explanations:

Bar Codes:



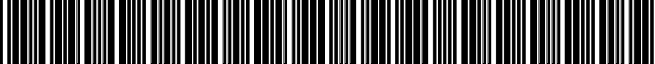
SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES (continued)

Health Life Supplement - LHA Guaranty Association Reconciliation



95644201321100000 2013 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit



95644201321300000 2013 Document Code: 213

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
0604.		X X X		
0605.	QUALITY ASSURANCE ASSESSMENT PAYMENT	X X X		
0606.	QUALITY ASSESSMENT ASSURANCE FEE	X X X		
0697.	Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X		
1404.				
1405.				
1497.	Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
4704.			
4797.	Summary of remaining write-ins for Line 47 (Lines 4704 through 4796)		

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended December 31, 2013
(To be filed by March 1)
FOR THE STATE OF MICHIGAN



NAIC Group Code: 1238
Address (City, State and Zip Code): DETROIT, MI 48202
Person Completing This Exhibit:

Title: Telephone Number:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012, 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999 Total Experience on Group Policies																	

NONE

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address:
 - 2.2 Contact Person and Phone Number:
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address:
 - 3.2 Contact Person and Phone Number:
- 4. Explain any policies identified above as policy type "O":

Supp12 Michigan

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